


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="text-align: center;">X </div> <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 40px;">RONDALE BRADFORD 6220 ARLINGTON AVE PATTOWN, MO 64133</p>	<p>B. Received by (Printed Name) C. Date of Delivery <div style="text-align: center;">Larry Curr 8/24/18</div> </p>
<p>18-cv-414-ODS Doc. 11</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <small>(Transfer from service label)</small></p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>7006 2760 0000 6393 8281</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 </div>	